

CRITERIA FOR PRIOR AUTHORIZATION

Riluzole

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Riluzole (Rilutek®)

CRITERIA FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS) Must meet all of the following:

- Patient must have a diagnosis of amyotrophic lateral sclerosis
- Patient must be 18 years of age or older
- Must be prescribed by or in consultation with a neurologist

LENGTH OF APPROVAL 6 months